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Mental Health Implications in Civilian Emergencies

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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Mental Health Implications in Civilian Emergencies

Report of

Subcommittee on Civil Defense, Community Services Committee,

National Advisory Mental Health Council

May 1953

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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Foreword

The Federal Civil Defense Administration appreciates the opportunity of saying a few words about "Mental Health Implications in Civilian Emergencies." This publication is a comprehensive professional inquiry that should be studied by civil defense leaders, as well as professional people concerned with mental health.

The text raises many searching questions—some civil defense organizations will find that they have made considerable progress in answering them. Others may discover that the questions open a new and important field for civil defense planning and action. We believe that the reader will find it useful to use these questions as a review of major parts of a civil defense program, with the objective of continuing the development of a better civil defense. Agreement with the questions or the suggested solutions is not nearly as important as the stimulation of thought and action on this total problem.

This document does not give, or pretend to give, solutions to all the problems raised. Nor does it, by stating problems, imply that these problems have not been considered before. There are, of course, no pat simple solutions to the problem of national mental health. However, the clarity with which the Committee raises the problem may help speed earlier and better solutions.

The Federal Civil Defense Administration considers "Mental Health Implications in Civilian Emergencies" an important contribution to its own planning and activities in this area, which include: training at the National Civil Defense Training Center; guidance and training in such civil defense services as health, welfare, and warden; and the dissemination of information through technical and general publications. Much remains to be done on this subject to help build the strong adequate civil defense that the Nation needs.

We at the Federal Civil Defense Administration wish to thank the members of the Subcommittee, the National Institute of Mental Health, and its advisory groups, for making this publication possible.

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I. Introduction

A. Why Mental Health in a Civilian Emergency Program?

Recent reports (1), articles (2, 3), and books (4, 5) stress the psychological need for preparing individuals and communities for possible atomic bombings and disasters of modern warfare. Three significant points are emphasized: a. that planning for the psychological aspects of citizens' reactions in emergencies is of equal importance with planning for their physical welfare; b. that fear and excitement in time of danger may find expression in irrational behavior when preparation that takes such factors into account is lacking; and c. *that people only through becoming emotionally and psychologically involved in studying the facts and making individual decisions as to their roles in a disaster will develop the capacity to cope with whatever emergency arises* (6). One statement has par-

(1) Janis, Irving L.: The psychological impact of air attacks: A survey and analysis of observation on civilian reactions during World War II. U. S. Air Force Project RAND, D-368, Jan. 15, 1951. Santa Monica, Calif. The Rand Corporation. Pp. vii+99 (Note: Inquiries concerning availability of RAND Memoranda should be addressed to: The Rand Corp., 1029 Vermont Ave., Washington 5, D. C.)

(2) Cameron, Dale C.: Psychiatric implications of civil defense. Amer. J. of Psychiat., Vol. 106, No. 8, Feb. 1950, pp. 587–593.

(3) Caldwell, John M. (Col. M. C., U. S. A.); Ronson, Stephen W. (Lt. Col. M. C., U. S. A.); and Sacks, Jerome G. (Lt. Col. G. S. C., U. S. A.): Group panic and other mass disruptive reactions. U. S. Armed Forces Medical Journal, Vol. II, No. 4, April 1951, pp. 541–567.

(4) Meerloo, Joost A. M.: Patterns of panic. New York, International University Press, 1950. Pp. 120.

(5) Janis, Irving L.: Air war and emotional stress: Psychological studies of bombing and civil defense. 33 W. 42nd St., New York. McGraw-Hill, 1951. Pp. 280. (Note: Written in simple language to give practical answers to vital questions about how to improve our Civil Defense organization. The records of civilian reactions to air raids in Germany, Britain and Japan have been analyzed to tell us what we may expect and how to deal with it. This book is the result of several years of study by the social research staff of the RAND Corporation.)

(6) Federal Civil Defense Administration, National Security Resources Board, and Department of Defense: Report of Project East River—Part IX. Information and training for civil defense. New York. Associated Universities, Inc. September 1952. (Note:

ticular significance for what is to follow later, namely that "the incidence of acute emotional experiences among young children in a community exposed to air raids will tend to vary directly with the incidence of overt excitement and emotional upset among the adults of that community" (7). The problem, then, is not one alone of the education of an individual but the preparation, through education, of the community as a whole.

In some areas reports on current civil defense programs indicate a "letdown" in citizen interest (8). The word "apathy" is frequently used. The goals of the program, focused as they are on planning for physical facilities, appear to be losing their reality. *Geared to hazards of war, such goals have, in the eyes of the citizenry, little or no relation to the hazards of today. They do not maintain interest in projected situations of a "tomorrow" that never comes. This state of affairs is rightly of deep concern to those in positions of responsibility. The problem is no less acute; the needs for planning and preparation no less urgent than before.*

What appears pertinent at this time is to suggest that serious consideration of some concepts related to mental health may be of value in bringing the goals of the civil defense program more in line with daily living experiences of people; that there are certain long-range goals in preparedness that must be emphasized in addition to the acute emergency phases (9).

The complete report of PROJECT EAST RIVER includes the following: Part I. General report; Part II. Measures to make civil defense manageable; Part III. Destructive threat of atomic weapons; Part IV. Civil defense aspects of biological, chemical and radiological warfare; Part V. Reduction of urban vulnerability; Part VI. Disaster services and operations; Part VII. Warning and communications for civil defense; Part VIII. Civil defense health and welfare; Part IX. Information and training for civil defense; Part X. Selected references for civil defense.)

(7) Janis, Irving L. op. cit. (1) p. 21.

(8) Janis, Irving L.: Psychological aspects of vulnerability to atomic bomb attacks, U. S. Air Force Project RAND, D–369, Jan. 15, 1951. Pp. 49–60.

(9) Hoffman, Paul G.: Peace can be won. Garden City, N. Y. The County Life Press. 1951, pp. 93. (Note: Mr. Hoffman is former president of the Studebaker corporation, and formerly Administrator of the Economic Cooperation Administration. He is now Director of the Ford Foundation.)

". . . To most of us war's aim and end is victory on the field. But to the Kremlin military action is but the most visible and spectacular zone of combat in an unremitting war against the free world. Herein lies our strange and new and often hidden danger—a danger that we cannot fend off by arms alone. We must know that for the Kremlin the military is only one of four fronts—each a battleground of implacable attack. These four fronts are the military, economic, political, and psychological. Lenin himself has defined them. He has declared that they comprise the four interlocking parts of a 'most determined and ruthless war, a persistent struggle, bloody and bloodless, violent and peaceful, military and economic, educational and administrative—against the forces and traditions of the old society'." P. 14.

One might ask, for example, how many persons in this country are now and will be prepared emotionally as well as intellectually to accept the likelihood that they will live in a long drawn-out period of international stress and uncertainty (10). How many at this time see the possibility that the Civil Defense program may need to become as much an integral part of our over-all national life as are the programs of the Department of Agriculture or the Children's Bureau? Acceptance of such new concepts does not come quickly. If such long-range goals are valid, then a program of civil defense must include objectives that take into account the feelings and attitudes of people toward such a program. Even though this example may be irrelevant, it is now clear in the light of the developing programs that it is impossible to prepare people for an emergency if, in the planning, the nature of man himself is overlooked (11, 12).

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(10) Group for the Advancement of Psychiatry: An introduction to the psychiatric aspects of civil defense. Report No. 19, April 1951, pp. 8. "Positive motivation is essential if the population is to be strong . . . This motivation would be characterized by strong belief in at least some segments of the principles generally believed to be best represented in our culture (such as reasonably equal opportunity, freedom of speech, and free choice of religion). A large personal stake in the preservation and development of these principles based on concern for friends, family, and self, and a deep conviction that the culture is fundamentally sound can lead to a readiness for considerable personal sacrifice in its defense. It is imperative that we do all we can to support the elimination of those evils and deficiencies in our culture which tend to decrease motivation; but, at the same time, we must encourage a realistic appreciation of the worthwhileness of what we have and of the great possibility for improvement in the future through expansion of individual opportunity, technicological progress, and further development of our natural resources." P. 2.

(11) Russell, Francis R. (Dir., Office of Public Affairs, U. S. Department of State): American morale and world opinion. (In) Proceedings of the Institute on Mental Hygiene Aspects of Civil Defense. State of New Jersey, Department of Defense, Division of Civil Defense. Trenton, June 21, 1951. Pp. 24–33.

"One of the concerns of anyone who has responsibility for American public affairs in the Department of State is to know as much as possible about the complex mind of the American people . . ."

"Today's tense situation has arisen because a number of long-term, world-wide developments, each of which presents problems of vast proportions, have fused at this particular point in history into one of the greatest crises in the history of civilization. What are these developments?" P. 24.

"The first is an international conspiracy directed by a single imperialist power . . . It has been with difficulty that some Americans have come to a realization of the nature and extent of this threat. There has been nothing in our life to prepare most Americans to understand the designs and the amoral workings of the minds of the men in the Kremlin. But we have come to know that basically they take their departure from most of the rest of mankind at the point where they adopt and build upon the concept that the ultimate value, the final objective in life is the exalting of an entity, the 'party,' . . . Human beings are only pawns to be sacrificed to this end." Pp. 19, 20.

"That is why it is important for us to demonstrate that the real revolution

It is apparent that the natural starting point for the civil defense programs has been to provide for the protection of people and property during and after a disaster. The programs have emphasized anticipated physical needs of people—medical care, hospital beds, emergency feeding, transportation, communication, and an enviroment affording protection against the hazards of atomic, biological, or chemical warfare. Anticipation of physical needs, however, is only one part of preparedness. Human beings at all times are sentient creatures. They perform few acts devoid of emotional connotations, and they respond to the acts of other persons and unforeseen events emotionally as well as physically. In fact, their particular emotional "states" may determine how they will react physically. This is true at all times. It is accentuated in periods of crisis.

Furthermore, as a result of studies made during and after World War II, we now have information that gives insight into some basic emotional needs and reactions of people living under stress (13, 14). Such information should be useful in doing a better planning job now. The content of these studies will be

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is the revolution of freedom; that the ultimate value is not a party or regime, but human life, human beings; that society must be concerned with providing the environment of freedom in which the individual's 'happiness,' as we put it in our Declaration of Independence, can best take place: freedom to believe, to worship, to speak, to read, to move from one community to another, to create, to freely choose political and economic institutions." P. 31.

(12) Meerloo, A. M.: Total war and the human mind—A psychologist's experiences in occupied Holland. London. George Allen and Unwin Ltd. 1944.

"This is one important theme which needs to be emphasized, the theme of 'Lest We Forget' . . . Between 1918 and 1939 people forgot too much . . . Even now we do not realize to the full extent that certain vicious roots in human character may send up shoots which will wreck civilization." P. 7.

"We ought to have a more profound knowledge of Man both as an individual and as part of a community. This book deals from a social and psychological point of view, with a few out of the many problems of war . . ." P. 7.

(13) Titmus, Richard Morris: Problems of social policy. History of the second world war—United Kingdom Civil Series, London. His Majesty's Stationery Office, and Longmans, Green and Co. 1950. Pp. vii+596.

"From the first date of September, 1939, evacuation ceased to be a problem of administrative planning. It became instead a multitude of problems in human relationships." P. 109.

". . . In such a war, safety-valves were indispensable to a society which placed more emphasis on cooperation than on compulsion. The evacuation was one outlet, shelters another, trekking a third, while the power of public opinion to force the Government to mend its ways and to clean up the rest centers and shelters, for instance, was the fourth and perhaps the most important." P. 344.

(14) Tyhurst, J. S.: Individual reactions to community disaster: The natural history of psychiatric phenomena. Am. J. Psychiat. 107: April, 1951, pp. 764–769.

of interest to all persons, since it has implications for the behavior of individuals in the stresses of day-to-day living.

The present situation in the development of the civil defense programs; the partial neglect, so far, of educating people to deal realistically with their feelings during long periods of waiting for something to happen; and the preparation to act rationally during a crises, indicate the usefulness of mental health emphasis at this time. Fortunately there are sources of experience and research to help in this planning (15, 16, 17, 18, 19).

B. Some Basic Principles

There are no psychiatric tricks or magic formulas that a community can use to strengthen itself when disaster strikes. There is no new biotic which, if administered in time, will guarantee that panic reactions and psychic traumas will be prevented. Preparedness for the emotional aspects of a disaster is of the same long-range pattern as is preparedness for the inevitable crises of everyday

(15) Titmus, Richard Morris. Op. cit. (13).

(16) Janis, Irving L.: Air war and emotional stress. Op. cit. (5).

(17) British Information Services: Front Line; The official story of the civil defense of Britain. British Information Services, 30 Rockefeller Plaza, New York 20, N. Y.

Reported (In) Civil Defense News, op. cit. (24) Vol. **II**, No. 1, Jan. 3, 1952.

"Books like this should perhaps be made required reading in training courses for all types of civil defense volunteers . . . No matter where one lives or what he does, he is likely to find here stories of what his British brothers were up against a few years ago, and what Americans may face in the near future if they do not find some way to prevent war in the atomic age." p. 2.

(18) Survey Research Center, University of Michigan: Civil Defense in the United States. Ann Arbor, Michigan. October 1952. Pp. 78. (Note: The information presented in this report comes from three major projects conducted for the Federal Civil Defense Administration by the Survey Research Center of the University of Michigan.)

"This report gives factual answers to three kinds of important questions about public reactions to civil defense. 1. What do people *know* about civil defense matters? 2. How do people *feel* about civil defense problems? 3. What have people done, and what are they ready to do, about civil defense preparedness?

"For the first time it is possible to report the total national situation on attitudes toward civil defense and on information about civil defense activities. For the first time it is possible to study the differences in these attitudes among people living in different population-size areas of the country.

"Three annual studies have now been made in the major metropolitan areas. It is now possible to begin to see the direction in which civil defense attitudes are moving and some of the factors that influence those directions." P. 1.

(19) Survey Research Center, University of Michigan: Defense of our cities—A study of public attitudes on civil defense. Ann Arbor, Michigan. December 1951. Pp. 41. (Note: Information is provided on public attitudes toward Civil Defense, through hundreds of interviews in the eleven largest cities in the United States.)

living (20, 21). A community that practices mental health in the conduct of its schools, churches, and other institutions is struggling to combat bigotry and lessen social tensions; understands and supports its mental health facilities for children and adults; attempts to improve the quota of daily satisfactions for its residents—such a community is better prepared to accept change and shock than the community that does none or few of these things. *Thus an interest in and forwarding of the existing mental health programs of a community is the first and imperative prerequisite of a civil defense program that takes into consideration the emotional needs of people during a disaster* (22).

We must ask ourselves, too, if provisions for mental health in disaster differ both in kind and in quality from such provisions to cope with defeat at any time. Are disasters to the individual caused only by war, floods, or other devastating forces? Does preparation, then, to meet disasters of this type consist of a special kind of training that may never be called upon if fate is kind? Or may a disaster to the individual include experiences that many of us face during a lifetime, such as the disaster of death, betrayal of trust, destruction of home, or loss of job? If these are common factors, then we may conclude that there will be similarities in the educational programs for both. If there is agreement that there exists common needs for security, confidence in self, adaptation to change, control of fear, then perhaps we will accept the thesis that education for emotional health in a crisis is akin to and depends upon an education that prepares the child and the adult to accept the inevitable changes of his daily life.

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(20) Fantl, Kurt: Psychiatric aspects of civil defense. Am. J. Psychiat. 107: Jan. 1951, pp. 488–492.

(21) Federal Civil Defense Administration in cooperation with the National Education Association: A series of five reports—(1) Civil defense in the social studies, by a committee appointed by the National Council for the Social Studies; (2) Science education in civil defense, by a committee appointed by the National Science Teachers Association; (3) Education for civil defense in health instruction and physical education by a committee appointed by the American Association for Health, Physical Education and Recreation; (4) Civil defense and the school principal, by a committee appointed by the National Association of Secondary School Principals, and a committee appointed by the Department of Elementary School Principals; (5) An edited committee report, by a committee appointed by the National Commission on Teacher Education and Professional Standards, Washington, D. C. 1952.

(22) Group for the Advancement of Psychiatry. Op. cit. (10).

"Anything which improves the overall mental health of the population and reduces social tensions and prejudice will increase the resistance to emotional break in time of disaster. An expanded mental hygiene program and increased efforts to understand and prevent emotional disorders should contribute indirectly but significantly to the prevention of untoward reactions." P. 3.

These two principles underlie the materials presented in the following sections of this report. Rather than attempting to set forth a definitive plan, the objective has been to raise questions for consideration relative to mental health aspects of civil defense activities. While many of these questions are not new to those responsible for civil defense programs, some may open up new and important fields that might otherwise be overlooked. Source material has been included in the form of annotated footnote references, in an attempt to reflect information and studies available in the literature. In some areas there is a dearth of applicable information, and hopefully this report may be provocative of further studies. Inherent, too, in many of the questions will be found considerable stress upon the necessity for getting people involved in planning for their own welfare. Experience in other fields has shown that people are not apathetic when the problems to be worked on have real meaning to them and when personal commitments have been made.

II. Psychological Implications in Planning Emergency Care

A. Combating Fear and Panic

The possibility of panic in a population will be minimized if the people are *well informed* on what to expect, if they *have confidence* in their leaders and in the civil defense plans that have been developed, and if they *know what to do* and have had an opportunity to rehearse their part in the civil defense plan (23, 24, 25, 26).

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(23) Meerloo, Joost A. M.: Patterns of panic. Op. cit. (4).

"The three big musts of panic prevention are preparation, information, and action." P. 105.

"Psychologically we must add to the above factors two very simple ones—food and sleep." P. 106.

(24) Civil Defense News: A National Publication summarizing Civil Defense Ideas and Developments. Utica, New York. (Note: Vol. I, No. 1, of Civil Defense News was issued Jan. 4, 1951. Prior to February 1952, the publishers and editors were Robert B. Pettengill and Albert Gotlieb, 1811 East Foothill Blvd., Altadena, Calif. Beginning with the Feb. 8, 1952 issue, Civil Defense News was transferred to Edwin Slusarczyk and William Mulligan, Utica, New York, the new editors. The California series includes Vol. I. with 26 issues during 1951 and two issues in January 1952. The Utica series begins with the February 8, 1952 issue, which carries the new numbering of Vol. I, No. 1. This bulletin gives information to the growing number of people who are vitally concerned about problems of civil defense. This biweekly bulletin is designed to meet the need for a compact source of civil defense information for

1. What measures are being used to train civil defense staffs, particularly physicians, nurses, teachers, law enforcement officers, social workers, first-aid workers, medical department volunteers, and selected leaders—block wardens, in:

a. Possible reactions of people under stress (27).
b. Psychological first aid (28, 29, 30).
c. How to handle panic groups?

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city, county, and state administrators, business executives, chiefs of plant protection, and leaders of cooperating community organizations. It summarizes the most important recent developments as reported in federal documents, state and city releases, newspapers of all the major cities, current magazine articles, etc.)

(25) Wilson, Wm. L. (Col. MC. U. S. A.): Medical plans for civil defense and disaster relief. U. S. Armed Forces Medical J., Vol. I, No. 4, April 1950, pp. 462–475.

"Without a great deal of forethought, prolonged training, and the development of systematic performances, drills, and tests of all participants, no community can prepare itself to provide those additional health services that will be essential for civilians subject to disasters. When the average community prepares itself for disasters the effort of each citizen and every profession must be fitted into a coordinated system. Whoever guides each part of the whole must have a clear concept of the working of all other parts. There is no easy road to medical preparedness for disasters." P. 462.

(26) Linebarger, Paul M. A.: Psychological warfare. Washington, Infantry Journal Press. 1948. Pp. xiii+259. (Note: Dr. Linebarger has presented in this volume a definition and history of psychological warfare, and discusses propaganda analysis and intelligence in estimating the situation. In the third part, planning and operations in psychological warfare against civilians and troops is treated in detail. Chapt. 14, Psychological Readiness and Disarmament, Section on Psychological Warfare and Ultra Destructive Weapons, pp. 248–251, gives a discussion of psychological warfare and ultradestructive weapons with special reference to the possible need for the application of psychological warfare methods by the militant group in each fighting country. Dr. Linebarger's survey gives extremely good instruction in the methods that have been and may be used against a population to create the symptoms of mental disturbance that will be contributory to the lack of will to fight or resist.

(27) Hersey, John Richard: Hiroshima. New York, Alfred A. Knapp, 1946, pp. 118.

(28) Group for the Advancement of Psychiatry. Op. cit. (10).

"There is need for a manual on Psychological First Aid so that people can know what kinds of emotional upsets to expect and what to do about them; how people react to fear; and the need to accept fear as a normal reaction. The idea must be gotten across that people need never be helpless. There is always something to do to improve the situation. There is need to preserve the 'appreciation of the situation'—to maintain as much as possible an awareness of what is going on so that purposive, rather than aimless, behavior is possible. Individual initiative must be encouraged within limits and within the group discipline." P. 3.

(29) Woods, Ozro T.: Mental health and civil defense. J. Amer. Med. Assoc. December 15, 1951, Vol. 147, No. 16, pp. 1567–1570. (Note: This paper is one of a series requested by the Council on National Emergency Medical Service to inform the medical profession on matters relating to civil defense. Dr. Woods is Chairman, Council on National Emergency Medical Service, Texas State Medical Association, and

2. How has the effectiveness of this training been measured? How well informed are these workers on the current situation, on the need for civil defense, with civil defense plans and with their specific role in it (31, 32)?

3. What plans have been made for reviewing essential information being given to the public relative to possible effects on morale (33, 34, 35)?

Consultant in Mental Health, Health and Special Weapons Defense Office, Federal Civil Defense Administration.)

"Teaching the practitioner the simple techniques of psychological first aid is very important. It will not be easy. There has been considerable experience in postgraduate courses lasting one to three weeks. The subject will have to be reduced to its simplest elements and prepared in a palatable form . . . The Civil Defense Committee of the American Psychiatric Association is preparing a suitable primer for the Federal Civil Defense Administration." P. 1569.

(30) National Recreation Association: Emergency recreation services in civil defense. National Recreation Association, 315 Fourth Ave., New York 10, N. Y. P. 31. Reported (In) Program Peps, Vol. **XI**, No. 2, November 1951.

"This 31 page colorful booklet has been financed through the United Community Defense Services, a member agency of the United Defense Fund. It presents a blue-print describing the significant role public and private recreation agencies can play in civil defense. It is a comprehensive outline of organization and operation of vital recreation services in time of emergency; how recreation activities in the home, shelter and mass-care centers, will help relieve tensions and maintain morale. This publication has excellent advice for parents as well as for civil defense, recreation and park officials." P. 1.

(31) Health News: Special medical defense issue—for professional personnel concerned with emergency medical services. Vol. 28, No. 6, June 1951, New York State Department of Health, Albany, N. Y.

(32) Survey Research Center: Civil Defense in the United States. op. cit. (18).

"Residents of metropolitan areas, where civil defense campaigns have been more intense, tend to be better informed about these factual matters than other people, and the proportion of informed respondents decreases steadily from urban to rural areas. There are wide differences among the eleven largest cities in level of information and attitude toward the local civil defense set-up. There is evidence that active programs in some of the cities—including air raid drills—have had definite effects in teaching people what the warning signal is and in evoking favorable public reaction toward them." P. 4.

(33) Civil Defense News: Panic prevention. op. cit. (24) Vol. I, No. 3, February 1, 1951.

"*Three tips on how to reduce the threat of panic* were recently offered local (Los Angeles) Civil Defense Officials by Dr. Frank Fremont-Smith, internationally known psychiatrist and consultant to the Air Force on dynamics of human behavior.

"(1) Explain to every citizen that even though A-bombs do fall in a given area his chances of survival are good. Instead of saying that two atomic bombs might cause '80,000 casualties' in a metropolitan area like Los Angeles, say rather that casualties would be 'not more than two out of every 100 persons in Los Angeles county'.

"(2) Emphasize the idea of mutual aid. 'If residents of a stricken city know that residents of all other cities are well prepared and anxious to help, all will feel more secure'.

"(3) Make sure each person knows he has a job to do. 'From experience

4. What information is being released to the public on limitations of new weapons (36, 37, 38)?

5. What is the evidence for coordination, or inconsistency, in instructions to the public?

6. How is the public being informed on the need for civil defense, on the civil defense plans, particularly as it relates to them, and on their part in it (39, 40, 41)?

7. What progress is being made in giving every person an assignment for the emergency and interpreting its importance to the individual (42)?

8. How are drills or rehearsals that include every individual being conducted?

9. How is the public being informed as to what fear and panic may do and as to the importance of rumor in this respect (43, 44, 45)?

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abroad we know that nothing does more to obviate threat of panic than a civilian defense set-up in which everyone, including children, is trained to perform a particular job. A small boy who knows it is his responsibility to have flashlights in good condition in his home seldom will panic'." P. 2.

(34) The New York Academy of Medicine and the Josiah Macy, Jr. Foundation: Transactions of the conference on morale—and the prevention and control of panic. New York, 1952, p. 75. New York Academy of Medicine.

(35) Federal Civil Defense Administration: Project East River. Op. cit. (6).

(36) Radiological Health Branch, Public Health Service: Concepts of radiological health. Washington 25, D. C., Federal Security Agency, Public Health Service, Radiological Health Branch. 1952.

(37) U. S. Atomic Energy Commission: Twenty-seven questions and answers about radiation and radiation protection. Washington 25, D. C. Supt. of Documents, Government Printing Office. Pp. 17.

(38) Bradley, David John: No place to hide. London. Hodder and Stoughton. 1949, pp. 191. (Note: This is the log of a doctor assigned to duty with "Operations Crossroads" Bikini Atomic Bomb Tests. The Appendix includes "A Layman's Guide to the Dangers of Radioactivity.")

(39) Federal Civil Defense Administration: United States Civil Defense—The warden service. Publication AG–7–1. Washington 25, D. C. August 1951. U. S. Government Printing Office. Pp. 44.

(40) Library of Congress: Civil Defense—1951. Library of Congress, Card Division, Washington 25, D. C.

An annotated reading list of current material for civil defense groups. The list includes official publications, books, pamphlets, manuscripts, and some of the important magazine articles.

(41) Detroit Public Library: Civil Defense—now: A selected list of books, pamphlets, documents, films, and film strips. 1951. Detroit Public Library, 5201 Woodward Ave., Detroit 2, Mich.

(42) Federal Civil Defense Administration: United States Civil Defense—The warden's handbook. Publication H–7–1. Washington 25, D. C. December 1951. U. S. Government Printing Office. Pp. 34.

(43) Cantril, Hadley; Gaudet, Hazel and Hertzog, Herta: The invasion from Mars; a study in the psychology of panic. Princeton, Princeton University Press. 1940. P. 228.

(44) Woods, Ozro T. Op. cit. (29). "The emotional unrest and confusion about civil defense is the immediate

10. In what way are people being given an opportunity to express their concerns and to have their questions answered? Are group discussions being promoted (46, 47)?

11. What types of evaluation are being carried on to determine currently the effectiveness of the civil defense educational program (48)?

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mental health problem. It should be of great concern to everyone that there is not developing rapidly a strong civil defense program. To many, civil defense means picking up the pieces after an attack. In order to stimulate interest, the dangers of the atomic bomb and biological warfare have been emphasized. Many people are frightened and anxious. The creation of fear will never build a sound civil defense." P. 1568.

(45) Linebarger, Paul M. A.: Psychological warfare. Op. cit. (26).

(46) Cameron, Dale C.: op. cit. (2).

"The usual media of mass communication—press, radio, films, etc.—come to the mind immediately when we think of ways of informing the public. However, in evaluating the use of such media, we need to keep in mind the fact that the individual has little opportunity to integrate the information thus received with any anxiety which it may engender. He cannot ask questions or voice his doubts and fears to his newspaper, his radio, or the film star on the screen.

"Therefore, there needs to be some method by which emotional factors can be resolved at the time they are created so that, at the same time that he acquires his information, the individual will gain some emotional participation with the subject matter. Without minimizing the usefulness of media of mass communication or the need for learning through repeated trials in a simulated situation—a type of experience which in itself may help to reduce anxiety and to produce constructive psychological attitudes—we may well consider a technique familiar to the psychiatrist, namely group therapy. It has been demonstrated that the professional group leader is usually able to establish an atmosphere of acceptance and security which diminishes feelings of fear and its sequelae. The 'group' would therefore seem to provide a setting in which necessary factual information can be given to the individual in a way that will enable him to channelize his anxieties constructively." P. 589.

(47) State of New Jersey, Department of Defense, Division of Civil Defense: Proceedings of the institute on mental hygiene aspects of civil defense. Trenton, June 21, 1951. Pp. 43–62. (Note: This institute was facilitated through the use of Federal funds allocated under the National Mental Health Act, and administered through the New Jersey State Department of Institutions and Agencies. Part II is the proceedings of five discussion groups covering the following topics: Authentic information and prevention of panic; The child in time of crisis; Production and civilian morale; Impact of disaster on social institutions; and Psychiatric services in civilian defense.)

(48) Survey Research Center: Defense of our cities. Op. cit. (19).

"More people than a year ago have realistic knowledge of the destructiveness of an atomic bomb. More than half still have an exaggerated idea . . . over one-third of the people do not know there is a civil defense organization in their city . . .

"The conventional communication media are not bringing civil defense information to enough people. Special attention must be given to finding new and better ways of reaching people not ordinarily reached by conventional media." P. 3.

12. Have opinion surveys been considered (49, 50, 51)?

13. What plans have been made for disseminating information at the time of the disaster? Who is responsible for accurate releases? Will these be censored, including clearance with psychiatrists or psychologists, as to possible morale effects?

14. What plans are being developed for giving special help to expectant mothers, mothers and children, the aged, and to handicapped persons?

B Care of Emotional Casualties

Depending on the type of disaster, there will be varying numbers of emotionally disturbed persons. *If these individuals are given psychiatric first aid, the large majority will calm down and will carry on. If this help is not provided for, some may develop chronic emotional disturbances* (52, 53, 54).

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(49) Federal Security Agency, Office of Education; and Federal Civil Defense Administration, Training and Education Office: Civil Defense activities in schools and colleges—A report on a questionnaire survey. Washington, D. C. June 1952. Pp. 59.

(50) Campbell, A., and Woodward, P.: Public reaction to the atomic bomb and world affairs: Findings of the intensive surveys. Ithaca, N. Y. Cornell Univ., 1947.

(51) Eberhart, S.: How the American people feel about the A-bomb. Bulletin of Atomic Scientists, June 1947.

(52) Titmus, Richard Morris, op. cit. (13).

"It is no exaggeration to say that in 1939 the leading mental health authorities in Britain feared a tremendous increase in disorders and emotional neurotic illnesses as soon as the Germans started to bomb. That was the essence of the advice which they voluntarily gave to the Ministry of Health. But the Government, while also taking a gloomy view—a view which found expression in many acts of commission and omission—did not go so far as the psychiatrists, who in fact, suggested that mental casualties might outnumber physical casualties by two or three to one . . ." P. 339.

"It need hardly be said that what actually happened completely falsified not only the forecasts of the psychiatrists, but the less pessimistic forebodings of officials. In attempting some tentative explanation, a generous allowance must above all be made for the oppressive atmosphere of the times in which these psychiatrists—along with everyone else—lived. They were as sensitive as other people to the pressures and persuasions of a world afraid of war. They may, indeed, have been more deeply affected than most people because the meaning and consequences of air bombardment to civilian society were to them a matter of great concern." P. 339. (Note: In considering the foregoing statement it must be remembered that through voluntary evacuation programs, a greater percentage of unstable individuals may have left the London area previous to bombing attacks.)

(53) Cobb, Stanley and Lindeman, Erich: Neuropsychiatric observations (of victims of the Cocoanut Grove disaster). Annals of Surg., Vol. 117, No. 6, June 1943, pp. 814–824. (From the Departments of Psychiatry, Massachusetts General Hospital, and of Neuropathology, Harvard Medical School, Boston, Mass.)

"Our observations seem to indicate that the psychiatrist can operate as a useful member of a disaster unit. His work may be divided into three phases:

1. How will emotionally disturbed persons be taken care of immediately after a catastrophe?

2. Will such casualties be seen at collecting stations, special stations, exhaustion centers, or at mental hospitals?

3. Who will confer with them?

4. What additional training can be given to these "first aiders" that would further aid them in dealing with this type of case (55)?

5. Where will those individuals needing hospitalization be taken care of?

6. How will those individuals who need both surgical and psychiatric treatment be cared for?

7. What legal considerations in regard to care of mental patients in an emergency need to be cleared in advance?

These foregoing seven pointed questions do not presuppose known definitive answers or available resources. In spite of lack of experience upon which to base planning, we must project some realistic compromises in orthodox methods of dealing with seriously emotionally disturbed people. It can reasonably be expected that among the varied attempts to meet this need, will develop some effective commonplace efforts.

"In the first few days severe shock and life-saving procedures occupy the field. Apathy and excitement, confusion and delirious states have to be handled by proper sedation and proper surroundings. In our present observations we have only indirect evidence of the victims' emotional states at that time . . ."

"The second phase deals with the psychiatric care of the convalescent patient, advising him in his transitory problems, determining when messages should be delivered or revelations made, and managing with the patient his efforts to readjust.

"The third phase deals with the psychiatric care of the convalescent patient after he leaves the hospital and his proper adjustment in the community. We can, in this manner, have reasonable hope of preventing the occurrence of prolonged maladjustment of traumatic neurosis.

"During the first phase, the psychiatrist's chief contribution is his aid to the relatives and his counsel to the medical social worker, who is dealing with the numerous problems of family and work relationships. During the second, he is intimately involved with the internist and surgeon and must continue his contact with the social worker, which becomes even more important during the third, when social readjustment forms the center of interest . . ." Pp. 823–824.

(54) Federal Civil Defense Administration: United States Civil Defense—Health services and special weapons defense. AG–11–1 Washington. United States Government Printing Office, December, 1950. (Section on "Mental Health Services," pp. 135–138.)

(55) Leavitt, Frederick H. (M. D.): The nurse and the atomic bomb. Public Health Nursing, Vol. 43, No. 11, November 1951. Pp. 585–588. (Note: This article is geared to the role of the nurse in an atomic catastrophe, but it is also applicable to nurses aids, volunteers and other civil defense workers. All should be prepared for mental casualties as well as physical casualties. Panic, emotional drives and the psychopathology of fear are discussed in simple terms.)

C. *Care of Mental Hospital Patients*

Special consideration must be given to the care of mental hospital patients, particularly if they are to be evacuated.

1. How are plans for identification of psychiatric casualties related to general emergency medical services, including the sequence of First Aid Station, Secondary Aid Station, Improvised Emergency Hospitals, existing General Hospitals, and Mental Hospitals?

2. In some sections of the country mental hospitals are geographically isolated, whereas many if not all general hospitals are in metropolitan areas. In such settings what consideration should be given to the possibility of expanding certain mental hospitals to serve as emergency hospitals for short-term care of medical casualties (56)?

3. Conversely, in general hospitals not located in the heart of population centers, what possibilities are there for establishing a psychiatric ward?

4. Are mental hospital patients to be cared for in existing hospitals, in expanded mental hospitals, or in improvised mental hospitals?

5. While previous studies suggest only mild increases in numbers of psychiatric casualties requiring hospitalization immediately following a disaster, after prolonged time intervals and repeated disasters, some increase would seem inevitable. How can such additional needs best be met (57)?

6. What considerations are being given to acceleration and streamlining of extramural care programs, for example, expansion of existing treatment facilities, increased numbers of trial visits, and establishment of foster home care programs?

7. Have directors of mental hospitals been brought into the planning?

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(56) London County Council: A retrospect. London. Staples Press, Ltd. 1949. P. 148.

"The Council's mental institutions took a very active part in the nation's effort in the world war, and intensive preparations began in 1938 to meet the emergency which subsequently developed . . ." P. 102.

". . . Mental hospital routine had necessarily to be reconciled with general hospital practice, but the mental hospital medical superintendents remained in full administrative control of the emergency hospital units." Pp. 103, 104.

". . . The extent of the contribution to the nations' war effort can be measured by the fact that it (mental institutions) made available over 7,000 beds for the sick and wounded, to which some 175,000 patients were admitted." P. 105 .

(57) Titmus, Richard Morris, op. cit. (13), pp. 497–498.

III. Psychological Concepts Pertinent to Understanding Civilian Needs and Leadership Training

This section has to do with some factors that constitute "morale". This word to us connotes a state of feeling that is constantly changing from day to day. It represents at any given moment the resultant of the balance of a number of forces either increasing or decreasing it. There are many such forces operating quite beyond the control of the state or local civil defense organization. There are, however, a number of forces that the civil defense organization can do something about. Many of these are not usually thought of as having immediate bearing on civil defense problems, but this committee feels that they do. *In fact, it may be that proper evaluation of these factors will be important in determining whether civil defense programs succeed or fail in the "long pull"* (58).

A. Community Problems—As They Affect Emotional Stability

1. Does civil defense planning and participation include majority and minority groups in the community? Is there any evidence that minority groups have a feeling they are being disregarded?

2. Does any community prestige group "run" the civil defense programs? Are there indications that many feel they have only token participation?

3. Does civil defense organization in local communities fulfill any need for neighborhood social groups? What evidence for this (participation in parades, community meetings, nature of these meetings and representation in audience) (59)?

4. Are intercultural tensions (racial, religious, economical) seriously present in the community? Are representatives of important minority groups on civil defense councils and committees?

5. What is the nature of the relationships between community agencies? Is there jealousy, suspicion, and isolation, or is there evidence of cross-consultation and teamwork on common field service, administrative, and community problems? Where would you put the balance?

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(58) Farnsworth, Dana L.: Medical progress: Mental-health aspects of civil defense. The New England J. of Med., Vol. 247, No. 6, Aug. 7, 1952, pp. 209–216.

(Note: This is a comprehensive and valuable review of mental health aspects of civil defense. Dr. Farnsworth is Medical Director, Massachusetts Institute of Technology and Associate Physician, Massachusetts General Hospital.)

(59) Federal Civil Defense Administration: The warden's handbook, op. cit. (42).

6. Are problems of civil defense bringing the medical societies, practicing physicians, and health departments to a better understanding and acceptance of each other? If not, what is the reason, and can anything be done to modify the relationship (60, 61, 62)?

B. Motivation and Apathy

1. What is the basis on which the civil defense program is being motivated, or "sold", to the local citizen and civil defense worker (63)? How much emphasis is solely on a basis of being ready for a disaster (64)?

2. Are statistics being collected and studies made on:
   a. Turnover of volunteers in civil defense programs?
   b. Balance of resignations and enlistments?
   c. Reasons for joining or quitting civil defense organizations?

Can the policy makers in the civil defense organizations see the value in studying these figures?

3. What kind of people are remaining in civil defense organizations, and for what purposes?

4. Are local civil defense groups held together and run by one or two people? What does this mean in terms of the nature of state administration of the civil defense program?

5. What kinds of problems can civil defense groups study to learn about community organization and group behavior? (namely,

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(60) Masterson, John J.: State Medical Society establishes panels of physicians on medical defense. (In) Health News, op. cit. (31). Pp. 9, 10.

(61) State of New Jersey, op. cit. (47). (Note: This institute was under auspices of the New Jersey State Department of Defense, Division of Civil Defense, Committee on Medical and Health Preparedness, Subcommittee on Preventive Mental Hygiene, and the Defense Welfare Committee. There were twelve sponsoring agencies: State Departments of Agriculture, Education, Health, Institutions and Agencies, Labor and Industry, Law and Public Safety; State Medical Society; Association for Mental Health; Neuropsychiatric Association; Psychological Association; State Medical Association; and Welfare-Council-Mental Health Committee.)

(62) American Medical Association, American Hospital Association, and The Association of State and Territorial Health Officers: Proceedings of Medical Civil Defense Conference. Chicago, Nov. 9–10, 1951. P. 75.

(63) Civil Defense News. Op. cit. (24). Vol. I, No. 21, Oct. 11, 1951. "There is no problem of Civil Defense recruiting in Sweden. Enrollment is compulsory between 16 and 65 unless one is in the armed services. When youths turn 16, they are enrolled and given 60 hours of Civil Defense training during the first year. This is followed by 20 hours in the second and third year, with refresher training thereafter. As a result one out of eight Swedes is a Civil Defense worker today. These were the comments of Ake Sundelin, Chief of Sweden's Civil Defense Department on a recent visit to study Civil Defense developments in the United States and Canada." P. 3.

(64) Cottrell, L. S. Jr., and Eberhart, S.: American opinion on world affairs in the atomic age. 1948, Princeton, N. J., Princeton Univ. Press.

study of organization and function of community T. B. survey may be pertinent to "block" organization of civil defense. Community chest campaign workers could give experiences on attitudes of people and organizational approach. Reactions of children to hospitalization gives vivid description of problems of "separation anxiety" as would appear in disaster experiences, etc.)

6. What about motivation of professional community workers? For most of these, civil defense duties are often extra chores. Are they being "meetinged" into apathy? Are they being "drilled" to a point where they would welcome a disaster to be sure it was worth it all? Can they be shown that civil defense means a testing and examination of their daily professional practices and that their daily work has meaning in regard to preparation for disaster (65, 66)?

7. What is the meaning of "apathy" as used by the civil defense personnel?

8. Does apathy connote to the civil defense worker the fear of failure of keeping the public interested in him, his job, and his concern in the problem? Does it represent, at times, a lurking fear that all his efforts on behalf of civil defense are not really needed? If so, what are possible sources of this?

9. Does apathy really exist in the local public toward civil defense programs, or is it a misinterpretation by the civil defense workers?

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(65) Faxon, Nathaniel W.: The problems of the hospital administration. (Regarding the Cocoanut Grove Disaster) Annals of Surg., Vol. 117, No. 6, June 1943. Pp. 803–808.

"What has the Massachusetts General Hospital learned from the Cocoanut Grove Disaster?"

"1. First of all we have learned the value of anticipation and preparation. Thanks to the efforts of the Massachusetts Committee for Public Safety or Civilian Defense, we had been made 'catastrophe minded'. Our staff and personnel had been organized as teams, their duties carefully specified, information regarding disaster management spread widely, and practice mobilizations carried out." P. 807.

"12. Finally, we have learned the value of constantly maintaining, for use in peace or war, a hospital organization for the handling of emergency disaster, also the collection of an ample quantity of emergency supplies . . . An emergency anticipated and prepared for ceases to be an emergency." P. 808.

(66) Eckert, Anthony W.: Hospital civil defense planning. (In) Proceedings of Medical Civil Defense Conference. Op. cit. (62). Pp. 24–31.

". . . I have tried to bring out the importance of civil defense planning for a permanent program. The experiences I have gone through have made me realize the fact that we need a permanent disaster program. The former speaker brought out many points which are included in my paper today—actual procedures which we follow. I was very glad to hear him say that the hospital provides one of the most essential parts of local, state and national civil defense planning." P. 24.

"Two major disasters, which could have happened in Akron or Chicago, Boston, Sacramento or Timbuctoo or any place in the United States, struck within a ten-month period in the Raritan Bay area of New Jersey, which the Perth Amboy General Hospital serves. One was a munitions explosion which killed 31 persons and injured approximately 350. The other was a train wreck in which 85 persons were killed and over 700 were injured." P. 25.

If true apathy, what is the basis of its existence? Over-stimulation of the public on a "scarce" technique and/or failure to give reasonable understanding of the problem to the public (67)?

10. If apathy is a problem in a specific area, what efforts have been made to face the problem and discover the reasons for it?

11. Can the civil defense worker see that a certain amount of resistance by the public to a new and little-understood program may be a sign of emotional health in the populace?

C. *Preparation of the Individual for Stability in Disaster*

The "core" problem in the long-term view of the civil defense program is to teach people how better to live with uncertainty and some justifiable apprehension about their safety and survival as individuals, and as a nation (68, 69). Basic to this goal is that individuals develop this facility not only by considering how to handle themselves at the time of a disaster, but how to cope with the problems arising out of their life situations. If we want our parents and children to handle adequately the problem of separation anxiety in the event of bombing, they can learn this best by getting better help and guidance at such times when it is necessary to undergo separation as part of a common life experience. For example, the anxiety that arises in a child leaving to go to a hospital is quite analogous to feelings accompanying separation of child and parent in a disaster. What principles are common to the handling of both situations (70)?

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(67) Wilson, Wm. L. op. cit. (25).

"Although many communities would avoid planning for disasters which might never occur, because the vast efforts we have discussed would be deemed needless and wasted if a nation-wide program of civil defense and disaster control were set up and no disaster ever occurred, we should be happy, rather than disappointed." P. 475.

(68) U. S. Strategic Bombing Survey: The effects of strategic bombing on German morale. (2 vol.) Washington, D. C. U. S. Government Printing Office, 1947.

(69) U. S. Strategic Bombing Survey: The effects of strategic bombing on Japanese morale. Washington, D. C. U. S. Govt. Printing Office, 1947.

(70) Stolz, Lois Meek: The effect of mobilization and war on children. (In) Proceedings of the Midcentury White House Conference on Children and Youth, 1951, Raleigh, N. C., Health Publications Institute, pp. 111–121.

"Concerning a war program in relation to infants, Dr. Stolz points out that: '(1) There should be no evacuation of infants from emergency areas without their mothers. (2) Mothers with infants should be the last source of manpower for war. (3) If mothers with infants are employed in war work, provision should be made for substitute care in line with the best principles of mental hygiene. (4) Counseling service should be provided to help mothers understand their own and their baby's needs in wartime'." P. 114.

Similarly, Dr. Stolz discusses "Early Childhood", "School Age", and "Adolescence". Pp. 114–121.

It can be readily taught and tested that certain principles tend to support and increase "ego strength" at such times (71). Some of these principles might be:

a. Honesty, never deception, as to what is going to happen;
b. Give only as much information as the child can absorb or handle;
c. Frequent communication (visits, toys, letters) between child and mother or father;
d. Presence of motherly and fatherly figures among personnel caring for children;
e. Encouragement of expression rather than suppression of feelings about the experience;
f. Making a child a part of a group of children his own age undergoing a similar experience;
g. Giving children a chance for some decision making around the experience, if and when feasible.

Other situations that present opportunities for teaching people how to better handle their fears would be:

a. Pregnancy and childbirth;
b. The first week of school;
c. Breakup of families for illness, divorce, or economic reasons;
d. Problems of aggression and discipline;
e. Death;
f. Adjustment to physical handicap;
g. Graduation from high school and college;
h. Employment experiences.

1. Are agencies, schools, physicians giving some personal counseling as part of their services?

2. What is the nature of the "counseling"? Is it more of "telling" or more of "showing"?

3. Are agencies considering in-service training programs to examine and discuss their methods of dealing with patients, clients, and the general public?

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(71) Emotional Stability Committee of the Metropolitan School Study Council: Let's face it. Metropolitan School Study Council, New York City, 1951. Pp. 34.

"Civil defense activities are being planned in many schools. The problem of the psychological effect of these activities and of today's world upon children is one of prime importance to all adults interested in helping boys and girls.

"Let's face it has been prepared by the Emotional Stability Committee of the Metropolitan School Study Council as an answer to this very urgent problem. The committee is composed of teachers, psychologists, parents and others who work in the area of education for emotional growth. They consulted a wide variety of experts for facts and information.

"Two basic assumptions underlie this pamphlet: (1) Emotional tensions of children are transmitted to them by the adults with whom they associate. (2) Facts, understanding, action and faith tend to increase emotional stability and reduce tensions." P. 32.

4. Is there an awareness of the distinction between "authoritative" and "authoritarian" professional and administrative relationships in the sense of Fromm—"Escape from Freedom" (72) or that there are both "paper-minded people" and "people-minded people" in the sense of Leighton—"The Governing of Men" (73)? And that this has some significance in educating individuals how to live with fear?

D. Placement of Children in Time of Disaster

One of the most clear-cut lessons from the last war has come from studies of children emotionally disorganized by their experiences (74, 75, 76, 77). It became necssary to place with foster parents or in foster homes many children orphaned, abandoned, or temporarily separated from parents during war in most European countries. Poor placements, in the sense of nonpreparation of foster parents for kinds of problems the child presented, and incompatibilities between foster parents and child probably did more damage than did actual exposure to bombings (78).

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(72) Fromm, Erich: Escape from freedom. New York. Farrar and Rinehart, Inc., 1941, pp. ix+305.

(73) Leighton, A. H.: The governing of men. Princeton, N. J. Princeton University Press. 1945.

(74) Bowlby, John: Maternal care and mental health—A report prepared on behalf of the World Health Organization as a contribution to the United Nations programme for the welfare of homeless children. Geneva, World Health Organization Monograph Series, No. 2. P. 179. (Note: This is a most useful and comprehensive document dealing with the effects of maternal deprivation. It includes an excellent review of the literature, together with theoretical and practical considerations for the care of infants and children outside their homes. Causes for removal both in peacetime and wartime include: hospitalization, dependence, illegitimacy, neglect, and evacuation. This report should be considered as a "must" for personnel responsible for evacuation plans relating to children in time of war, and for those responsible for child welfare and child care programs at any time, wherein removal of infants and children from their own homes is contemplated or indicated.

Dr. Bowlby is Director, Child Guidance Department, Tavistock Clinic, London, and Consultant in Mental Health, World Health Organization. The report "Maternal Care and Mental Health" was originally published in the Bulletin of the World Health Organization. 1951, 3, pp. 355–554.)

(75) Burlingham, Dorothy T. and Freud, Anna: War and children. New York. International University Press. 1944.

(76) Burlingham, Dorothy T. and Freud, Anna: Annual report of a residential war nursery. London, 1942.

(77) Burlingham, Dorothy T. and Freud, Anna: Infants without families—The case for and against residential nurseries. New York. International University Press. 1944. P. 128.

(78) Titmus, Richard Morris: op. cit. (13).

"Amid all the imperative forces which changed, and overlapped, and pushed and pulled the evacuees about, there were two resistant elements around which all the rest swirled, and against which the first migration split

Foster home placement and selection of parents in this country is a nation-wide problem. Facilities are meager, and practically nowhere do training programs exist for those persons willing to be foster parents.

1. What can be done to study the foster home problem in the community?

2. What can be done to strengthen welfare department programs for foster home placement in state and local jurisdictions?

3. Can legislatures and foster home parents see this as a nation-strengthening program—not merely a stopgap welfare program?

4. What support, from experience, statistics, and case studies, can juvenile court staffs give to this argument?

E. Public Information

1. What is the nature, scope, and intensity of the continuous educational program about civil defense problems (79, 80)?

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and foundered. The principal enemy of evacuation was the solidarity of family life among the masses of people. The urge to re-unite became stronger as the social cleavages in the nation pressed down in one way or another on mother and child. The acute discomfort caused by the jostling of different and opposed social habits was the other great enemy of evacuation. All of the implications of a stratified society came to the surface during this first evacuation, and then there were no physical hazards,—as there were later—no bombs, no tasks to be shared in common, to help to hide or bridge the gulf." P. 180.

"It was just this factor of family separation which had received insufficient attention before 1939 from the psychiatrists and those experts in mental health who advised the Government. The most prevalent and the most marked symptom of psychological disturbance among the civilian population during the war was not panic or hysteria but bed-wetting. Its importance as a social problem was demonstrated as a result of the evacuation of children, and observations showed that it was primarily caused by separation from the family." P. 349.

(79) Oregon State Civil Defense Office: Orientation manual for directors, writers, speakers. Reviewed (In) Civil Defense News, op. cit. (24), Vol. I, No. 11, May 24, 1951.

"An Orientation Manual for Directors, Writers, Speakers is a very readable and usable manual put out by the Oregon State C. D. Office (State Office Bldg., Salem, Oreg., Attn: Tom Brubeck, Public Information). Special objective of the writers was to translate C. D. whys and wherefores so the material would be easier on readers or listeners, and therefore, more easily grasped by them. Much of it has been used in speeches, broadcasts, and releases.

"It is printed on punched paper for loose-leaf notebook. Chapter headings include such topics as 'Why Every Town Prepares', 'Getting The Word Around', 'Children and Civil Defense', etc. Sample, from the chapter on 'Women and Civil Defense'; 'Panic is a deadly weapon. The enemy knows this, and he'll do all he can to increase it. Talk that sounds off-key should be weighed carefully. Analyze the ingredients of a scare-talk the way you would measure the food and spices that go into a Caesar Salad'." P. 3.

(80) Office of Civil Defense: Instructor's guide: Orientation to civil defense in California. Sacramento, Calif., Jan. 1952, Major General W. M. Robertson,

2. Can it be said it is of the "scare" or "general alarm" type?

3. Are discussions given on "fear" in simple, clear ways? Is "panic" only mentioned without definition or analysis (81)?

4. How is information program planned? Do civil defense workers or citizen groups participate in planning content and delivery? Is it all of "canned type"? Does it reach all social classes of people, or is it all middle-class styled, written, and targeted?

5. Is there a central information source where citizens and civil defense workers may get quick, clear, and coordinated information?

6. Is the information practical as it applies to the rurality or urbanity of the locale and population to which it is delivered? That is, can almost all in the region identify with the applicability of the information (82)?

USA (Ret), Director, Office of Civil Defense. Pp. viii+143.

"This Instructor's Guide has been developed to provide information which is essential to a general understanding of California's Civil Defense Program . . . It is suggested that this guide will serve the following purposes: (1) Provide instruction material for an orientation course on civil defense. (2) Furnish general and specific information about civil defense. (3) Supply source material for talks." P. vii.

(81) Editors of American Machinist: Disaster control—Section on panic. American Machinist, November 13, 1950. Pp. 12–15.

"Here the editors of American Machinist present a handbook dealing with principal disasters that may befall your plant. It tells what you can do now, what you can do during an emergency, and how you can speed the task of getting back into production . . ." P. 1.

". . . Psychological Defense plays a major role in any disaster-control project. All other measures, every effort, and each protective step ties in directly with this factor. If protective psychological conditioning is not active in your plant, *Start Now!* Only time and careful, sensible training can build the mental attitude so necessary to withstand the threats and actualities of disaster, accidental or deliberate." P. 12.

". . . Try to make every message (directive) positive—it is far better, for instance, to tell a man that he has the right to be scared and explain the precautions he should take, than to avoid the subject, be evasive, or say, 'be brave'." P. 12.

"There is a common belief that a man is a coward or a 'sissy' if he shows fear when threatened by danger. This is nonsense. Fear is a very definite mental reaction transmitted into physical action when bodily harm seems apparent . . ." P. 12.

(82) Federal Civil Defense Administration: This is civil defense, Washington 25, D. C. May 1951. U. S. Government Printing Office. Pp. 32. (Note: "This is Civil Defense" is the third official FCDA booklet for public distribution, the previous ones being "Survival Under Atomic Attack" and "What You Should Know About Biological Warfare". This booklet raises and answers such questions as "Who is responsible for civil defense?" "If you don't live in a city should you take part in civil defense?" "What services can you join?" A speakers kit built around this booklet is available from Public Affairs Office, FCDA, Washington, D. C. Included in the kit are a copy of the booklet, three basic speeches, aimed at rural, smaller city and town, and big city audiences, and a selection of C. D. quotes.)

F. Training

1. Do first aid training courses include instructions and material on psychological first aid, emotions of illness and injury, and "normal" fear reactions?

2. Does training of police, fire, and block warden personnel include instruction as to fear and its protective function and what we know of mass behavior (83, 84)?

3. What attention is being given to the selection and training of leaders? Are psychiatrists and group behavior specialists used in this training (85)?

4. How much emphasis is being put on "dry runs" of the civil defense organization? Or "bombing drills" in school, office, and factory? What is the implication of this emphasis? What consideration has been given to the "how" of presentation rather than the "what" (86, 87)?

5. Recognizing that children reflect the emotions and anxieties of adults, what steps have been taken to deal with the problem of the "anxious" teacher, official, and parent (88, 89)?

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(83) Lowenberg, Richard D.: Psychological reactions in an emergency (earthquake). Am. J. Psychiat. Vol. 109, No. 5, Nov., 1952. Pp. 384–385.

(84) Menninger, Wm. C.: Psychological reactions in an emergency (flood). Am. J. Psychiat., Vol. 109, No. 2, Aug. 1952, pp. 128–130.

(85) Office of Strategic Services Assessment Staff: Assessment of men. 1948. New York. Rinehart. xv+pp. 541.

(86) National Commission on Safety Education and National Education Association, Research Section: Civil Defense plans for school systems: A review of plans and practices from several school systems. 1951. NEA Research Division, Washington, D. C., pp. 12.

(87) Minneapolis Public Schools: Civil Defense manual for teachers and principals. 1951. Supt. of Schools, 807 Northeast Broadway, Minneapolis, Minn. Pp. 37. Reviewed (In) Civil Defense News, op. cit. (24). Vol. I, No. 21, October 11, 1951.

"While parts of the Minneapolis manual are based upon the N. E. A. publication, Civil Defense Plans for School Systems, it adds many specific suggestions which should make it useful reading even for those who have already developed school civil defense plans for their own cities. For instance, in a section on 'Incorporation of Civil Defense in the Curriculum' the manual recommends that 'special emphasis be given to particular educational goals which are related to civil defense or to national survival', such as physical and mental health, appreciation of our American heritage and the democratic way of life, accepting the obligations of citizenship, and understanding the need for world cooperation and intergroup understanding." P. 3.

(88) Klein, E.: The influence of teachers' and parents' attitudes and behavior upon children in war time. Mental Hygiene, 1942, 26, pp. 434–445.

(89) Luke, Robert A., Asst. Director Division of Adult Education Service, N. E. A.: The educational requirement of civil defense. Adult Education, February 1951.

G. *Administration*

1. Are there advisors on individual and mass behavior attached to policy and advisory committees of civil defense councils?

2. Is there a psychiatric advisory committee? *What is the extent of representation of professional interests on such a committee? (anthropologists, sociologists, psychiatrists, psychologists, psychiatric social workers, medical school psychiatric faculty, child and family welfare agencies, mental hygiene societies).*

3. Have the psychiatric advisors been given any specific problems to work on, such as content for manual of psychological first aid, special uses of psychologists and social workers in disaster and post-disaster periods, special training content for leadership training, and training of civil defense personnel (90)?

4. Can such an advisory group see potential research problems on studies of tension in community groups, mental health surveys of communities, sources of tensions in groups, etc?

5. To what extent have existing community agencies, and associated mental health personnel, made known to directors of civil defense programs and civil defense councils, the availability of such personnel for consultation and assistance (91)?

6. Is there value in considering establishment of rosters of psychiatric and related personnel in state or city?

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(90) Committee on Disaster Studies, National Research Council: Minutes December 7, 1952 Meeting, National Research Council, 2101 Constitution Avenue, N. W., Washington 25, D. C. (Note: The Committee on Disaster Studies, Division of Anthropology and Psychology, National Research Council, working closely with the Department of Defense and the Federal Civil Defense Administration is interested in studying the needs for additional disaster research. An immediate interest of the Committee will be to serve as a clearing house function "(1) to collect materials, both published and unpublished, (2) to serve as a repository of quickly available information, including functional indexing of materials available through other sources, (3) to disseminate information through bibliographies, summaries, and replies to inquiries". Questions to be studied include the probability of panic, methods of preventing and controlling panic, use of psychological warfare and countermeasures, and medical logistics.)

(91) Caldwell, Millard (Federal Civil Defense Administration): Science and Civil Defense, (In) Science, Vol. 113, No. 2946, June 15, 1951.

"The active participation of scientists in civil defense state and local operational programs is vital. The role of the physician, the sociologist, the psychologist, the psychiatrist, the engineer, and the many specialists in fields directly applicable to the civil defense problem is apparent. Scientists should seek out state and local civil defense directors and offer not only technical advice but active service.

"Certain it is that scientists, as individuals assisting local civil defense organizations, as individuals or groups advising state and local civil defense directors, and as responsible members of professional societies, can make major contributions to civil defense planning and operation. Without the active co-

IV. Recommendations

With the submission of this report, the functions of the present subcommittee on civil defense will have been completed.* However, civil defense activities will probably be a part of our culture for several years to come. Accordingly, the following recommendations are submitted for the consideration of the Community Services Committee:

1. That another subcommittee on civil defense be appointed to continue the study of mental health aspects in relation to civil defense.

2. That the National Institute of Mental Health continue to have a staff member study mental health aspects of civil defense and gather first-hand information about previous and present civil defense thinking both at home and abroad.

3. That the National Institute of Mental Health cooperate with the Federal Civil Defense Administration on matters pertaining to mental health aspects of civil defense.

4. That this report be made available to state mental health authorities, state directors of civil defense programs, and other appropriate agencies.

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operation of scientists, and without the knowledge that they alone can provide in many areas, civil defense cannot be effective, and the Federal Civil Defense Administration is keenly aware of this fact . . .

"Recently it was suggested that there is no science we do not need. The wry qualification was added that, if saturation attacks with modern weapons ever are made on the United States, and civil defense is not effective, then some of the sciences, such as archæology, not directly involved in civil defense, may inherit what is left of the nation we have failed to protect." P. 3.

*This report was presented to the Community Services Committee at their meeting, October 11 and 12, 1951. In accepting this report, the Community Services Committee recommended to the National Advisory Mental Health Council that this report be published and distributed to appropriate authorities and agencies as designated by the Public Health Service and the Federal Civil Defense Administration. The National Advisory Mental Health Council approved the report at the February 14, 1952, meeting and similarly recommended to the Surgeon General publication and distribution of the report.

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